Future Focus 300

Table of Cover effective from June 12th 2018

This table of cover must be read in conjunction with your member certificate and Health Plans membership handbook effective from June 2018. The hospitals and treatment centres covered on this plan are set out in List 2 in Part 12 of your Health Plans membership handbook.

In Patient Benefits		
Hospita	al Cover	
Consultants fees (In selected hospitals only)	Covered	
Inpatient Scans (In selected hospitals only)	Covered	
Public Hospital (in selected hospitals only)		
Semi Private Room	Covered	
Private Room	Covered	
Day Case	Covered	
Private Hospital (in selected hospitals only)		
Semi Private Room	Covered subject to €300 excess; subject to a €2,000 co- payment on certain cardiac & orthopaedic procedures ⁽¹⁾	
Private Room	Covered subject to €300 excess; subject to a €2,000 co- payment on certain cardiac & orthopaedic procedures ⁽¹⁾	
Day Case	Covered subject to €150 excess per claim subject to €2,000 co-payment on certain cardiac procedures ⁽¹⁾	
High Tech Hospital (in selected hospitals only)		
Semi Private Room	Covered subject to €300 excess; subject to a €2,000 co- payment on certain cardiac & orthopaedic procedures ⁽¹⁾	
Private Room	Covered subject to €300 excess; subject to a €2,000 co- payment on certain cardiac & orthopaedic procedures ⁽¹⁾	
Day Case	Covered subject to €150 excess; subject to a €2,000 co- payment on certain cardiac procedures ⁽¹⁾	
Maternity	/ Benefits	
Public hospital cover for maternity	3 nights accommodation	
Grant-in-aid amount	Covered up to €4,500	
Home birth	Covered up to €4,500	
Inpatient maternity consultant fees	Covered up to €865	
Newborn free till next renewal	Yes	
Postnatal Domestic Support	2 x 3 hour cleaning sessions	
Postnatal Support	1 x 3 hour session with postnatal supporter	
Home Early Support following 1 night stay in hospital	2 hours midwife and 3 x 3 hours with postnatal supporter	
Home Early Support following 2 nights stay in hospital	1 hour midwife and 2 x 3 hours with postnatal supporter	
Welcome Home Food Hamper	Hamper and 30 minute phone consultation with a nutritionist	
GentleBirth App	See handbook for details	

Cord blood stem cell preservation	€800 contribution single child & identical twins or €900 contribution non identical twins
Breastfeeding consultancy	€30 x 2 sessions
Partner benefit	€50 x 2 days travel, accommodation & child minding expenses
A&E	Abroad
Hospital bill for inpatient treatment	Covered up to €100,000
Repatriation expenses	Covered up to €1 million
Expenses for companion who remains with you	Covered up to €1,000
Companion repatriation expenses	Covered up to €1,000
24 hour telephone assistance	Covered
Psychiatri	c Treatment
Not related to substance abuse	100 days (up to the level of Hospital Cover provided under your plan)
Related to substance abuse	91 days per 5 years (up to the level of Hospital Cover provided under your plan)
Other	Benefits
Oncotype DX	Covered
Health in the Home	Covered (Immediately following an inpatient stay)
Minor Injury Clinic Cover	70% up to €200 per visit
Convalescence benefits	€30 x 16 days
Child Home Nursing	€100 x 14 days (following an inpatient stay of minimum days)
Parent accompanying child	€40 x 14 days (not payable for the first 3 days)
Public Hospital Levy	€80 x 10 nights (subject to €1 excess)
Inpatient Support Benefit (for travel expenses when travelling more than 50km)	€50 x 10 visits (subject to €1 excess)
Medicall ambulance costs	Covered (refer to Membership Handbook)

Outpatient Benefits (not subject to excess)		
Nurse on call	Covered	
Digital Doctor	Unlimited. See irishlifehealth.ie for further information.	
Antenatal Class	€50 towards an antenatal class, or, €50 contribution & 10% point of sale discount with GentleBirth Workshop	
Maternity Mental Health Support	€40 x 8 sessions with Nurture	
PET-CT Scan: approved centre	Covered	
HPV Vaccine	50% up to €200 per policy year	
CT Scan: approved centre	Covered	
Prescription Costs	€30 towards prescribed contraceptives per year	
MRI Scan: approved centre	Covered	
Health screening	Covered up to €100 towards Specified Fertility Assessments or Sexual Health Screening once per policy year	

Outpatient Benefits (subject to excess)	
Outpatient excess per person	€200

Maximum amount of outpatient benefits per member per policy year	€5000
Public A&E Cover	€60 x 3 visits
Home Nursing	€40 x 20 days
Pre/Post natal medical expenses	€400
Medical and surgical appliances	As per specified list ⁽²⁾
Manual Lymph Drainage	€50 x 5 visits
Psycho-oncology Counselling	€40 x 5 visits
Emergency Dental Care	€500
Consultant fees	€80 per visit
Pathology: Cost of test	50% Cover
Pathology: Consultant fees	50% as per schedule of benefits for professional fees ⁽³⁾
Radiology: Cost of test	50% Cover
Radiology: Consultant fees	50% as per schedule of benefits for professional fees ⁽³⁾
MRI Scan: non approved centre	Not covered on this plan
CT Scan: non approved centre	Not covered on this plan
PET-CT Scan: non approved centre	Not covered on this plan

Member Benefits	
Back Up	International Second Opinion Service
Laser Eye Surgery	Maternity Scans
For full details on the above and all member benefits available to you please visit the 'Member Benefits' section of www.irishlifehealth.ie	

Footnotes

- (1) All procedure lists are available on www.irishlifehealth.ie or available on request by calling Irish Life Health on 1890 717 717.
- (2) The medical and surgical appliances list is available on www.irishlifehealth.ie or available on request by calling Irish Life Health on 1890 717 717.
 - (3) The schedule of benefits is available on www.irishlifehealth.ie or available on request by calling Irish Life Health on 1890 717 717.